

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Water injection well	7. West of Dollarhide Queen Sand Unit
2. Name of Operator Sirgo-Collier, Inc.	8. Farm or Lease Name
3. Address of Operator P. O. Box 3531, Midland, Texas 79702	9. Well No. 47
4. Location of well: UNIT LETTER <u>0</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>24S</u> RANGE <u>38E</u> NMPM.	10. Field and Pool, or Wildcat Dollarhide Queen
11. Elevation (Show whether DF, RT, GR, etc.) 3121' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER <u>Set and test packer</u> ☒	

202X-570

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5-20-88 Ran 113 joints 2-3/8" IPC tubing with Baker Model AD-1 packer set at 3540'. Circulated packer fluid and tested packer to 1000# for 30 minutes. Placed on injection 5-20-88.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Amy L. Whitley TITLE Agent DATE June 24, 1988

ORIGINAL SIGNED BY Amy L. Whitley

APPROVED BY DEPUTY COMMISSIONER TITLE Deputy Commissioner DATE

CONDITIONS OF APPROVAL, IF ANY:

1 / 1

